

**Medical Library Association**  
**Continuing Education Course/Symposium Evaluation**

Course/Symposium Title:

Date:

Sponsor:

City & State:

1. On a scale of 1 to 4 (with 4 being the highest, best, or most, and 1 being the least or worst), rate the following instructor(s) or Presenter(s) by circling the number that applies.

Instructor(s) or Presenter(s) Name:	Knowledgeable				Well prepared/ organized				Effective presenter				Responsive to Questions			
	High		Low		High		Low		High		Low		High		Low	
1.	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
2.	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
3.	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
4.	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1

2. Please check the appropriate rating for each of the following aspects of this session.

	Agree	Somewhat Agree	Somewhat Disagree	Disagree	N/A
<b>Instructional Materials</b>					
Were used effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were relevant/useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands-on sessions were useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Session Objectives</b>					
Met my expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Session Content</b>					
Was well organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length was appropriate for course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I Acquired</b>					
Knowledge & skills I can use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Facility was</b>					
Conducive to learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Identify the major strengths of this session (check one or more)

- ☐ Instructors
 ☐ Demos/Hands-on
 ☐ Networking
 ☐ Creative ideas  
☐ Information gained
 ☐ Support materials
 ☐ Other: \_\_\_\_\_

4. What part of this session was most helpful?

---



---

5. What part of this session was least helpful?

---



---

6. Overall, I would give this session a grade of:    **A**    **B**    **C**    **D**    **F**

7. Additional Comments

---



---